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Submental Muscular Medialization and Suspension

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Abstract

Background: Many techniques have been presented over recent decades to address the neck contour in facial rejuvenation surgery. Despite advances, limitations remain when dealing with the obtuse cervical angle.
Objective: The authors describe a technique for improving the obtuse cervicomental angle.
Methods: The authors reviewed the charts of 295 patients who underwent the authors' submental muscular medialization and suspension (SMMS) technique to improve their neck contour, either alone or in combination with a facelift, between January 1, 2001, and December 30, 2003. The technique medializes and suspends the medial free edges of the platysma muscle and, when anatomy dictates, the anterior bellies of the digastric muscle to the deeper mylohyoid muscle.
Results: Eighty-seven (30.5%) of the 285 facelift patients examined underwent SMMS, and 10 additional patients underwent isolated SMMS. No patient required reoperation for hemostasis or evacuation. Three (1.05%) of the facelift with SMMS patients required reoperation for dehiscence of the submental suspension. None of the isolated SMMS patients had muscular suspension dehiscence or required reoperation. Seven (2.4%) patients (5 with SMMS and 2 without SMMS) with excessive facial and cervical tissue preoperatively developed a small amount of postoperative submental skin redundancy and subsequently underwent submental skin excision at 1 year postoperatively.
Conclusions: Submental muscular medialization and suspension is a simple yet highly effective surgical technique that can result in dramatic and enduring improvement in the cervicomental angle.

Level of Evidence: 4

Keywords

platysmaplasty, rhytidectomy, aging neck, aging face, cervicomental angle

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Over the decades, many variations of facelift techniques have been introduced to specifically address the platysma and the neck. Yet, limitations to improvements remain when dealing with the obtuse cervicomental angle, excessive subplatysmal fatty tissue, or a recessed mentum. These anatomical variations are exacerbated in the presence of excess facial and cervical tissues associated with aging and fat accumulation. More than 2 decades ago, the senior author (P.R.L.) began removing subplatysmal midline fat and medializing and suspending the medial borders of the platysma muscles as well as the medial borders of the anterior belly of the digastrics when these muscles contributed to the obtuse cervical angle. This technique was developed to address cases where lateral superficial musculoaponeurotic system (SMAS) suspension and submental platysma plication and medialization alone could not improve the cervicomental angle to the degree the senior author thought possible. The addition of this

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